Conclusions. The recovery of T normal values after ADT is almost double in STAD arm in comparison with LTAD. Current preliminary results suggest that testosterone kinetics may be associated with biochemical disease-free survival.

http://dx.doi.org/10.1016/j.rpor.2013.03.824

Who would benefit from adjuvant radiotherapy after radical prostatectomy?

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Introduction. 20–25% of patients undergoing radical prostatectomy (RP) will present biochemical recurrence (BQR), radiotherapy (RT) for them is the only potentially curative treatment option.
Objective. Identify risk histopathological variables that allow selection of patients who could benefit from RT after radical prostatectomy.
Material and methods. We reviewed 1102 patients undergoing radical prostatectomy in the last 20 years. We analyzed age, Gleason (≤7/>7), PSA (≤10/>10), pathologic stage (≤T2c/>T2c), positive margins (PM), after radical prostatectomy PSA, seminal vesicle invasion (SVI) and extraprostatic extension (EEP). Excluding those received hormonal treatment. BQR was considered after RP:PSA > 0.2 ng/ml. For survival analysis was used Kaplan–Meyer, Log-rank test, and multivariate analysis of logistic regression models of Cox.
Results. The mean age was 63.7 (50–79) years, mean PSA 9.6 ng/ml, then RP 74.2 m median follow. PM had 31%, 26% presented BQR, 16.1% SVI and 7% EEP. Multivariate analysis of histopathological findings: Gleason > 7 ($p < 0.001$), PM ($p < 0.05$), SVI ($p < 0.001$) and EEP ($p < 0.019$) were independent predictors of BQR. No risk factors BQR 75% are free to 5 years. Achieving a 67% complete response, cancer-specific survival and overall 5 years of 91% (95% CI, 87–95%) and 84% (95% CI 77–89%) respectively. Risk models were created by combining the risk factors, showing that the presence of ≥2 prognostic factors is a probability of 60–80% of present BQR at 5 and 10 years respectively ($p < 0.01$), and there is <30% chance RBQ with only one factor. The worst prognosis is that with Gleason > 7, SVI and PM.
Conclusion. Half of the patients with relapse after RP presented a good response to RT, however those with more than 2 risk factors may benefit from histopathological adjuvant radiotherapy due to the high probability of early biochemical failure.

http://dx.doi.org/10.1016/j.rpor.2013.03.825